

EXHIBIT 3

«FIRST NAME» «LAST NAME»

«STREET»

«CITY» «STATE» «ZIP»

Claimant Identification Code: «Claimant Identification Code»

Confirmation Code: «Confirmation Code»

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

IN RE: COLUMBIA COLLEGE RANKINGS
ACTION

Case No. 1:22-cv-05945-PGG

(Consolidated with Case
No. 1:22-cv-06567-PGG)

CLAIM FORM

Prior to completing this form, it is important that you review the **Notice of Proposed Class Action Settlement, [Date] Fairness Hearing Thereon and Class Members' Rights** ("Notice") and the Stipulation and Agreement of Settlement between Plaintiffs and Columbia, which are available at the Settlement Website, www._____.com.

Please submit a Claim Form **online at the Settlement Website by 11:59 p.m. Eastern Time on [Date] OR complete, postmark and mail this form to the Settlement Administrator no later than [Date] at In re: Columbia College Rankings Action, c/o Strategic Claims Services, 600 N. Jackson Street, Suite 205, Media PA 19063**. If you are unable to submit the required information as described below or have any questions, you should call or email the Settlement Administrator for further instructions.

I. CLAIMANT INFORMATION

The Settlement Administrator will use this information for all communications relevant to this Claim Form. If this information changes after the submission of this form, please notify the Settlement Administrator in writing. If you are completing and signing this Claim Form on behalf of the Claimant, you must attach documentation showing your authority to act on behalf of Claimant.

Please use the fields below to provide updated or missing contact information.

First Name

Last Name

Street Address

City

State

Zip/Postal Code

Country

Email Address

Phone Number

II. PAYMENT ELECTION

For payment of reimbursement of your cash payment, I wish to receive my payment, if approved, by (select one):

☐ **PayPal** - Enter your PayPal email address: _____

☐ **Venmo** - Enter the mobile number associated with your Venmo account: _____ - _____ - _____

☐ **Zelle** - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: _____ - _____ - _____ or Email Address: _____

☐ **Virtual Prepaid Card** - Enter your email address: _____

☐ **Physical Check** - Payment will be mailed to the pre-populated address on page 1 of this form. Please be sure to complete the Claimant Information section if you need to update your address. If you are based outside of the United States and do not have a U.S. bank account, be aware that some foreign banks may not accept U.S. checks. Please confirm with your bank or financial institution before selecting this option.

I CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME ON THIS CLAIM FORM IS TRUE, CORRECT, AND COMPLETE AND THAT THE DATA SUBMITTED IN CONNECTION WITH THIS CLAIM FORM ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Signature of Claimant

Print Name of Claimant

Date: _____
MM/DD/YY

REMINDER: YOUR SETTLEMENT PAYMENT ELECTION AND REQUIRED DATA MUST BE SUBMITTED ONLINE BY 11:59 P.M. EASTERN TIME ON [DATE] OR POSTMARKED AND MAILED NO LATER THAN [DATE] TO:

**In re: Columbia College Rankings Action
c/o Strategic Claims Services
600 N. Jackson Street, Suite 205
Media, PA 19063**

QUESTIONS? PLEASE VISIT WWW._____.COM OR CALL TOLL-FREE 1-866-274-4004.